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## FISCAL IMPACT REPORT

SPONSOR Vigil ORIGINAL DATE 2/5/07 HB 415  
LAST UPDATED \_\_\_\_\_ SB \_\_\_\_\_  
SHORT TITLE Northern New Mexico Home Visitation Programs SB \_\_\_\_\_  
ANALYST Lucero

### APPROPRIATION (dollars in thousands)

Appropriation		Recurring or Non-Rec	Fund Affected
FY07	FY08		
	\$300.0	Recurring	General Fund

(Parenthesis ( ) Indicate Expenditure Decreases)

Relates to: HB168  
Relates to Appropriation in the General Appropriation Act

### SOURCES OF INFORMATION

LFC Files

Responses Received From  
Children, Youth and Families Department (CYFD)  
Department of Health (DOH)

### SUMMARY

#### Synopsis of Bill

House Bill 415 appropriates three hundred thousand (\$300,000) from the general fund to Children, Youth and Families (CYFD) for expenditure in 2008 for a home visitation program teaching parenting skills in Mora, San Miguel and Guadalupe counties.

### FISCAL IMPLICATIONS

The appropriation of three hundred thousand (\$300,000) contained in this bill is a recurring expense to the general fund. Any unexpended or unencumbered balance remaining at the end of fiscal year shall revert to the general fund.

This appropriation is not part of Children, Youth and Families Department's request and is not included in the Executive recommendation of Children, Youth and Families Department.

The bill identifies only three counties - Mora, San Miguel and Guadalupe - for a home visitation program to teach parenting skills. Home visiting services are already provided by CYFD and ValueOptions through community based contracts for FY07, including \$112,214 awarded to Holy Cross Hospital (Taos General) to provide approximately 1924 home visits in Taos, Union, Colfax, and Mora counties.

### **SIGNIFICANT ISSUES**

Access to voluntary home visiting is a priority of the Lieutenant Governor's Early Childhood Action Network (ECAN). Home visiting is an effective research-based, cost-effective prevention strategy used by states and communities to improve the health and well being of infants and their families and to maximize each child's potential and readiness to succeed in life.

Research has shown that new families who receive intensive home visits have improved short-term outcomes including better pregnancy and birth outcomes, increased pregnancy intervals, improved child health and safety and improved preschool readiness. Parents in families receiving home visiting have better parenting skills and improved economic well-being. Children receiving home visiting show improvements in academic skills, are more likely to complete high school, less likely to abuse drugs, more likely to be employed and less likely to be involved with the criminal justice system.

In New Mexico a wide range of early childhood home visiting models exist with varying levels of involvement with the families. Coordination of all the different models in New Mexico would ensure that families are receiving the most appropriate services to meet their needs. Programs such as Families FIRST and Primeros Pasos currently provide home visiting services in San Miguel County. It is unclear whether this home visiting program would be universal or targeted for first time mothers.

A home visiting initiative would be able to address disparities seen in teen mothers, those with less than a high school education, single mothers, and/or mothers living at or below the federal poverty level.

### **PERFORMANCE IMPLICATIONS**

National research has shown that home visiting improves birth outcomes, reduces the number of future pregnancies, and improves child health and safety, reduces emergency room use and improves preschool readiness. Parents in families receiving home visiting have better parenting skills and improved economic well-being. Children receiving home visiting show improvements in academic skills, are more likely to complete high school, less likely to abuse drugs, more likely to be employed and less likely to be involved with the criminal justice system.

Related to A Healthy New Mexico Goal 4.2: Access to Mental Health Services

### **ADMINISTRATIVE IMPLICATIONS**

If passed, the bill will have a slight administrative impact on Children, Youth, and Families Department that the bill does not address. CYFD has contracted with ValueOptions New Mexico to act as the fiscal agent for home visiting services. If the money is appropriated, CYFD will have to decide if these funds would be managed separately or folded into the present home

visiting appropriation

**CONFLICT, DUPLICATION, COMPANIONSHIP, RELATIONSHIP**

Relates to HB168, which would appropriate \$1,500,000 from the General Fund to Children Youth and Families Department (CYFD) to develop a statewide home visiting program.

.Relates to SB0059 “NORTHERN NM HOME VISITATION PROGRAMS”.

Relates to the General Appropriations Act which has a \$1 million dollar appropriation in the base budget for CYFD for home visiting.

**TECHNICAL ISSUES**

Several other states have been successful in obtaining a federal Medicaid funding match for home visiting services. In order for this program to grow and succeed, it is imperative that CYFD and HSD work together to secure Medicaid matching funds. It is unlikely that the general fund could afford to fully support a statewide home visiting program.

**OTHER SUBSTANTIVE ISSUES**

Home visiting is a prevention strategy used by states and communities to improve the health and well being of infants and their families and to maximize each child’s potential and readiness to succeed in life.

Research has shown that new families who receive intensive home visits during pregnancy and continuing to age 3, have improved short-term outcomes including better pregnancy and birth outcomes, increased time between pregnancies, improved child health and safety, reduction of emergency room use and improved preschool readiness. Parents in families receiving home visiting have better parenting skills, improved economic well-being, and enhanced maternal life courses. Children receiving home visiting show improvements in academic skills, are more likely to complete high school, less likely to abuse drugs, more likely to be employed and less likely to be involved with the criminal justice system. Investment in evidence-based home visiting programs has demonstrated significant returns on investment returning from \$6,000 to \$17,200 per youth (<http://www.nursefamilypartnership.org>; [http://www.rand.org/pubs/research\\_briefs/RB9145/index1.html](http://www.rand.org/pubs/research_briefs/RB9145/index1.html)) In Washington State, Nurse Family Partnership Home Visiting programs resulted in savings of \$2.88 for every \$1 invested.

In New Mexico, an estimated 10-11% of all mothers received at least one home visit in the years 1997-2000 and an estimated 25% of first time or teen mothers receive at least one home visit ([www.health.state.nm.us/phd/prams/home.html](http://www.health.state.nm.us/phd/prams/home.html)). In New Mexico, home visiting services are fragmented, provided by several agencies and funded through various mechanisms. HB 168 proposes appropriating funds to develop a comprehensive, long-range plan to phase in a statewide system of universal voluntary home visiting, including creation of an agency coordinating council. A coordinating council can help to assure that all home visiting programs or providers work together so that the families of New Mexico receive services seamlessly.

Department of Health (DOH) programs serve a high proportion of clients featured in the disparity analysis and are a natural portal of entry for connecting home visiting services to those

that need the services. DOH's WIC program is often the portal of entry to care for pregnant women and serves women at or below 185% of poverty, including immigrants, seeing about 50% of all pregnant women in New Mexico. Families FIRST, Family Planning, WIC and Childrens Medical Services (CMS) are all programs that work to help women, infants and children obtain health care coverage; they determine eligibility, refer to other programs and provide case management.

New Mexico has a wide range of home visiting models that target needs, outcomes, and intensity of services. Some provide comprehensive services while others are targeted with limited interventions. Coordination is critical.

## **ALTERNATIVES**

Broaden the scope of the work to be done. It seems as if the bill's use of the terminology, "teaching parenting skills", is not broad enough to incorporate current home visiting programming.

## **WHAT WILL BE THE CONSEQUENCES OF NOT ENACTING THIS BILL**

Status Quo

DL/mt